

Corres. and Mail
BOX AF

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: June 16, 2005

Signature: 

(Arnold H. Krumholz)

EXPEDITED PROCEDURE

Group Art Unit: 1731

Docket No.: B&LAB 3.3-009

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Where Patent Application of:
Bokström et al.

Application No.: 10/009,052

Filed: December 6, 2001

For: METHOD AND SYSTEM FOR CONVEYING
SHREDDED PULP TO AN OZONE
REACTOR

:
:
:
: Group Art Unit: 1731
:
: Examiner: M. S. Alvo
:
:

AMENDMENT UNDER 37 CFR 1.116


MS AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated April 19, 2005, in which claims 17-21 and 23 were finally rejected and claim 22 was allowed, the following amendments and remarks are respectfully submitted.



AF
2/11

AMENDMENT TRANSMITTAL LETTER				After Final Rejection	
Application No. 10/009,052		Filing Date December 6, 2001		Examiner M. S. Alvo	
				Group Art Unit 1731	
Applicant(s): Monica Bokström and Per Öström				Docket No. B&LAB 3.3-009	
Invention: METHOD AND SYSTEM FOR CONVEYING SHREDDED PULP TO AN OZONE REACTOR					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	7	- 20 =		x	
Independent Claims	3	- 3 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge and credit Deposit Account No. <u>12-1095</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 _____ Arnold H. Krumholz Attorney Reg. No. 25,428				Dated: <u>June 16, 2005</u>	
LERNER, DAVID, LITTENBERG, KRUMHOLZ & MENTLIK, LLP 600 South Avenue West Westfield, New Jersey 07090					